STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 0000	INITIAL COMMENT This report is the result of an unannounced Provisional Licensure survey conducted on May 4 and 5, 2023, at Greater Pittsburgh Surgery LLC. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.	S 0000		
S 0003		S 0003		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 0003	Continued from page 1 51.3 (a) Notification 51.3 Notification (a) A health care facility shall notify the Department in writing at least 60 days prior to the intended commencement of a health care service which has not been previously provided at that facility. This REGULATION is not met as evidenced by:	S 0003	HOW DEFICIENCY WILL BE CORRECTED & HOW THE FACILITY WILL ACT TO PROTECT PATIENTS IN SIMILAR SITUATIONS: GPS ceased services for pacemaker implants, pacemaker battery changes, defibrillator implants, defibrillator batter changes, loop recorder implants, and loop recorder battery changes 5/5/2023. A master list of approved procedures and CPT codes that were submitted in the original DAAC AC-20 form was created and posted in the scheduling areas for reference and schedulers will be educated. A standardized meeting minute template that includes a discussion of any new policy/procedures or change in operations or revisions to policy/procedure under the "new business" will be amended to include the statement "new services require a 60-day notification to the DOH (please refer to the master list of currently approved procedures)." New procedures will be approved by	Completion Date: **05/25/2023** Status: **APPROVED** Date: **06/22/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 0003	Continued from page 2	S 0003	the Governing Body. The Facility Administrator will notify the Department in writing at least 60 days prior to the intended commencement of a health care service which has not been previously provided. Notifications to DOH will be placed in binder. MEASURES TO ENSURE PROBLEM DOES NOT RECUR: Clinical Manager will audit monthly to ensure only approved procedures are scheduled. DON will audit DOH notifications binder monthly and compare with Governing Board meeting minutes to ensure discussion of new procedures have a 60 day notification to the DOH by the Facility Administrator. Auditing will begin 06/20/2023. MONITORING OF PERFORMANCE TO MAKE SURE SOLUTIONS ARE SUSTAINED: Auditing will continue monthly until	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 0003	Continued from page 3	S 0003	100% compliance is attained for 3 consecutive months. Once compliance is attained auditing will then occur every 6 months. DATE OF COMPLETION: 07/15/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 0003	Continued from page 4 Based on a review of facility documentation and interview (EMP), it was determined the facility failed to notify the Department prior to providing new health care services that had not previously been provided by this facility. Finding include: On May 4, 2023, a list of facility provided procedures was requested. The list included pacemaker implants, pacemaker battery changes, defibrillator implants, defibrillator battery changes, loop recorder implants, and loop recorder battery changes. During an interview on May 4, 2023, at 10:30 AM, EMP2 confirmed that the facility began providing pacemaker and defibrillator procedures in September 2022, and the loop procedures around February-March of 2023, and that the facility had no documentation to show that the Department was	S 0003		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 0003	Continued from page 5 notified of the new health care services.	S 0003		
S 0014		S 0014		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 0014	Continued from page 6 51.3 (l) Notification 1.3 Notification (l) A health care facility may not commence the provision of new health care services or provide services in new beds until it has been informed by the Department that it is in compliance with all licensure requirements. This REGULATION is not met as evidenced by:	S 0014	HOW DEFICIENCY WILL BE CORRECTED & HOW THE FACILITY WILL ACT TO PROTECT PATIENTS IN SIMILAR SITUATIONS: GPS ceased services for pacemaker implants, pacemaker battery changes, defibrillator implants, defibrillator batter changes, loop recorder implants, and loop recorder battery changes on 5/5/2023. New services will be approved by the Governing Body and the Facility Administrator will notify the Department in writing at least 60 days prior to the intended commencement of a health care service which has not been previously provided. Notifications to DOH will be placed in binder. After this notification the Facility will work in collaboration with the DOH to schedule an occupancy survey to ensure the facility is in compliance with all regulations. All communications with the DOH regarding the new service will be placed in the binder.	Completion Date: **05/25/2023** Status: **APPROVED** Date: **06/22/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 0014	Continued from page 7	S 0014	New services will not commence until DOH approval received. MEASURES TO ENSURE PROBLEM DOES NOT RECUR: DON will review "notifications to DOH binder monthly to ensure communication between the DOH and the facility regarding the scheduling of an occupancy survey is occurring. Auditing of the binder will occur monthly beginning 06/20/2023 until 100% compliance has been achieved for 3 months. MONITORING OF PERFORMANCE TO MAKE SURE SOLUTIONS ARE SUSTAINED: Once compliance has been achieved, auditing will be decreased to every 6 months. DATE OF COMPLETION: 07/15/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 0014	Continued from page 8 Based on a review of facility documentation and staff interview (EMP), it was determined the facility failed to obtain approval from the Department prior to commencing with the provision of new health care services. Findings include: On May 4, 2023, while reviewing documents, it was noted that a procedure provided was a "dual chamber pacemaker insertion," completed on February 23, 2023. It was at this time that a list of facility provided procedures was requested. The list included pacemaker implants, pacemaker battery changes, defibrillator implants, defibrillator battery changes, loop recorder implants, and loop recorder battery changes. During an interview on May 4, 2023, at 10:30 AM, EMP2 was asked for evidence that an occupancy survey was completed by the Department prior to the facility commencing with the new services of	S 0014		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 0014	Continued from page 9 pacemaker implants, pacemaker battery changes, defibrillator implants, defibrillator battery changes, loop recorder implants, and loop recorder battery changes. EMP2 confirmed that an occupancy survey was not requested by the facility. Further interview confirmed that the facility began providing the pacemaker and defibrillator procedures in September, 2022, and the loop procedures around February-March of 2023.	S 0014		
S 033J		S 033J		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 033J	Continued from page 10 553.3 (8)(ii) Governing Body Responsibilities 553.3 Governing Body responsibilities include: (8) Establishing personnel policies and practices which adequately support sound patient care to include, the following: (ii) Applications for positions requiring a licensed person shall be hired only after obtaining verification of their licenses, records of education, and written references. This REGULATION is not met as evidenced by:	S 033J	HOW DEFICIENCY WILL BE CORRECTED & MEASURES TO ENSURE PROBLEM DOES NOT RECUR: GPS Administrative policy #330 under the section "Positions requiring a license" states, "Applicants for positions requiring a licensed person shall be hired only after obtaining verification of their licenses, records of education and verification of references" will be amended to state, "Applicants for positions requiring a licensed person shall be hired only after obtaining verification of their licenses, records of education and written references" to comply with PA code 553.3, 8 (ii). GPS "Table of Contents for Personnel Files," section 1, will be amended to include "written references for licensed personnel." Amending the Administrative policy and table of contents checklist will ensure moving forward all licensed personnel will have written references.	Completion Date: **05/25/2023** Status: **APPROVED** Date: **05/31/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 033J	Continued from page 11	S 033J	MONITORING OF PERFOMANCE TO MAKE SURE SOLUTIONS ARE SUSTAINED: Prior to a new employee being hired the file will be reviewed for completeness by both the DON and Facility Manager to ensure all required documents are included and have been verified. Employee files will also be reviewed for completeness by the Facility Manager at the time of the annual employee performance review. Date of completion: 06/16/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 033J	Continued from page 12 Based on a review of facility policies and personnel files (PF), and staff interviews (EMP), it was determined that the facility failed to obtain written references for licensed employees for four of four personnel files reviewed (PF3, PF6, PF10, PF11). Findings include: A review of the facility's policies on 5/4/2023 at 11:00PM, revealed no policy regarding written references for licensed personnel. A review of PF3 on 5/4/2023, at 11:30PM, revealed that the licensed staff began employment at the facility on 11/22/2021. Further review revealed that no written references were obtained for PF3. A review of PF6 on 5/4/2023, at 11:32PM, revealed that the licensed staff began employment at	S 033J		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 033J	Continued from page 13 the facility on 4/21/2021. Further review revealed that no written references were obtained for PF6. A review of PF10 on 5/4/2023, at 11:35PM, revealed that the licensed staff began employment at the facility on 3/9/2021. Further review revealed that no written references were obtained for PF10. . A review of PF11 on 5/4/2023, at 11:40PM, revealed that the licensed staff began employment at the facility on 5/13/2022. Further review revealed that no written references were obtained for PF11. During an interview on 5/4/2023, at 11:45PM, EMP1 confirmed that the facility did not have a policy regarding written references and that the facility did not obtain written references for licensed personnel employed by the facility.	S 033J		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 033J	Continued from page 14	S 033J		
S 033K		S 033K		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 033K	Continued from page 15 553.3 (8)(iii) Governing Body Responsibilities 553.3 Governing Body responsibilities include: (8) Establishing personnel policies and practices which adequately support sound patient care to include, the following: (iii) Personnel records shall include current information relative to periodic work performance evaluations. This REGULATION is not met as evidenced by:	S 033K	HOW DEFICIENCY WILL BE CORRECTED & MEASURES TO ENSURE PROBLEM DOES NOT RECUR: GPS Administrative policy #330 will be amended to include a section titled "performance evaluations." to comply with PA code 553.3, 8 (iii) regarding periodic work performance evaluations. The policy will state that the employee will receive an annual evaluation during the first quarter of the calendar year. To ensure that the evaluation will occur a daily electronic reminder will be scheduled on the calendars of the Manager and the Facility Administrator. MONITORING OF PERFOMANCE TO MAKE SURE SOLUTIONS ARE SUSTAINED: At the end of the first quarter of the calendar year employee files will be reviewed for completeness by both the Facility Administrator and	Completion Date: **05/25/2023** Status: **APPROVED** Date: **05/31/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 033K	Continued from page 16	S 033K	Facility Manager to ensure all employees have an annual evaluation. A calendar reminder the first 2 weeks of April will be sent electronically to the DON and Facility Manager. Date of completion: 06/16/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 033K	Continued from page 17 Based on a review of facility policies and personnel files (PF), and staff interviews (EMP), it was determined that the facility failed to complete annual work performance evaluations for three of 12 personnel files reviewed (PF3, PF5, PF7). Findings include: A review of the facility's policies on 5/4/2023, at 12:05PM, revealed no policy regarding employee performance evaluations. During an interview with EMP1 on 5/4/2023, at 12:10PM, it was explained that performance evaluations were completed annually. A review of PF3 on 5/4/2023, at 12:15PM, revealed that the employee started at the facility on 11/22/2021. Further review of the personnel file revealed that the employee did not receive a performance evaluation in 2022.	S 033K		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 033K	Continued from page 18 A review of PF5 on 5/4/2023, at 12:20PM, revealed that the employee started at the facility on 1/13/2020. Further review of the personnel file revealed that the employee did not receive a performance evaluation in 2022. A review of PF7 on 5/4/2023, at 12:25PM, revealed that the employee started at the facility on 2/22/2021. Further review of the personnel file revealed that the employee did not receive a performance evaluation in 2022. During an interview on 5/4/2023, at 12:30PM, EMP1 confirmed that the facility did not have a policy regarding performance evaluations but that the facility completed evaluations on an annual basis. EMP1 further confirmed that PF3, PF5, and PF7 did not have a performance evaluation completed in 2022.	S 033K		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 033K	Continued from page 19	S 033K		
S 331B		S 331B		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 331B	Continued from page 20 553.31 (b) Administrative Responsibilities 553.31 Management and Administration of Operations Administrative Responsibilities (b) Administrative policies, procedures and controls shall be established, documented and implemented to assure the orderly and efficient management of the ASF. This REGULATION is not met as evidenced by:	S 331B	HOW DEFICIENCY WILL BE CORRECTED: Prescription pads - GPS policy CM2-017 Prescription Pad Security will be amended to include, 1. Each prescription will be numbered and a log created listing the date, patient name, and medication that was prescribed. 2.The prescription pad log will be checked daily during the days of operation by the person who does the crash cart check. Crash cart - a plastic tamperproof seal locking the crash cart has been placed. During the inspection of the crash cart that occurs daily during days of operation, if the seal is broken a complete inspection of the cart and an inventory of medications and supplies will be completed. Daily checks of the crash cart include the defibrillator, O2, and suction equipment. An inventory list of medications and supplies with dates of expiration has been created. The first operating day of every month the person responsible for the daily crash cart	Completion Date: **05/26/2023** Status: **APPROVED** Date: **06/22/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 331B	Continued from page 21	S 331B	check will examine the list and if any medications/supplies are due to expire within the month the crash cart will be opened and the item(s) removed and replaced and the expiration date updated on the list and a new tamperproof seal placed. Unlocked medication refrigerator - A locksmith has been contracted to place a lock on the medication refrigerator in the clean supply room. The key for the refrigerator will be kept by the DON or her designee in her absence. Formulary of medications - A list of all medications with dates of expiration has been created. This list will be reviewed monthly on the first operating day of the month by the Facility Administrator and medications that are due to expire within the next month will be reordered and replaced. Pre-drawn medications - GPS policy CM2-013, Multiple Use Drug Vials, has been amended to state that "medications stored in syringes or any other containers other than the manufacture's vials are not approved	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 331B	Continued from page 22	S 331B	and will be discarded immediately upon discovery." Education to all GPS staff (employed, independent physicians, and contracted anesthesia) on the policies and processes will be completed by 07/15/2023. MEASURES TO ENSURE PROBLEM DOES NOT RECUR: Weekly auditing by the DON of the Crash cart log and the inventory list of medications will begin on 06/20/2023 and continue for 3 months. The Medication refrigerator will also be inspected weekly by the DON to monitor if it is locked. These audits will continue until 100% compliance has been reached. MONITORING OF PERFORMANCE: auditing will continue until 100% for 3 months is reached. Once this occurs monitoring will be decreased to every 6 months. The DON will be ultimately responsible for the POC.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 331B	Continued from page 23	S 331B	DATE OF COMPLETION: 07/15/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 331B	Continued from page 24 Based on a review of facility policies and observations and staff interview (EMP), it was determined the facility failed to ensure policies and procedures were established and implemented for safe handling and administration of pharmaceuticals. Findings include: On May 5, 2023, a review of the facility policy titled, "Prescription Pad Security Policy," review date of January 20, 2023, revealed, "Procedure:...C. Any missing prescription pads/forms must be immediately reported to the Medical Director and an occurrence report filed. An investigation is performed." On May 5, 2023, a policy on the securing of medications was requested, none was provided.	S 331B		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 331B	Continued from page 25 On May 5, 2023, a review of the policy, "Crash Cart and Emergency Equipment Policy," date reviewed January 20, 2023, revealed, "I. Policy: The crash carts containing emergency medications will be locked by a tamper proof seal and a list of the drugs contained therein along with their expiration dates will be posted on the outside of the cart. II. Procedure: A. The crash cart will be locked at all times when the procedure room is not in use. B. A list of the drugs/supplies contained in each cart (that meets or exceeds State and/or Accrediting Body guidelines) along with their expiration dates will be posted on the outside of each cart. ..... II. Procedure:... B. A list of the drugs/supplies contained in each cart (that meets or exceeds State and/or Accrediting Body guidelines) along with their expiration dates will be posted on the outside of each cart. C. A designated person will check this list for expiration dates and sign the list at the completion of the check once a month. D. A designated person upon removing the expiring medications will restock the cart, change the	S 331B		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 331B	Continued from page 26 expiration date on the outside of the cart, place a tamper proof seal on the cart and sign the drug list that the cart has been cracked. E. In the event that a crash cart has been used, or the lock has been broken or found open, a designated person will perform a complete inspection of the cart..." On May 4, 2023, at 12:40PM, four prescription pads with four different physician's names on them were observed to be locked in a cabinet in the unlocked clean supply room. When the surveyor asked to see the count sheet for the pads, EMP3 stated a count sheet was not kept for the prescription pads. On May 4, 2023, at 12:40 PM the surveyor asked EMP3 how the facility would know if there were prescription sheets missing from the tablets and EMP3 confirmed they wouldn't know, "we don't keep track."	S 331B		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 331B	Continued from page 27 On May 4, 2023, at 12:40 PM the surveyor asked EMP3 how the facility would know if there were prescription sheets missing from the tablets and EMP3 confirmed they wouldn't know, "we don't keep track." On May 4, 2023, at 12:50 PM, observations in the unlocked clean supply room revealed an unlocked medication refrigerator that contained medications including precedex, succinylcholine, atropine, recuronium bromide, and thrombin. During an interview on May 4, 2023, at 12:50 PM, EMP3 confirmed that both the room as well as the refrigerator containing the above medications was not locked. On May 4, 2023, at 12:30 PM, the crash cart was observed to be unlocked with drawers not totally	S 331B		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 331B	Continued from page 28	S 331B		

closed in the PACU area with the key in the lock. The cart also lacked a drug inventory list.

During an interview on May 4, 2023, at 12:30 PM, EMP3 confirmed that the facility keeps the crash cart unlocked and "we keep the key in the lock," in case we need to use the cart in an emergency. Further interview confirmed that the facility does not keep an inventory list of emergency medications on the cart. A list of these medications was requested of the facility, none was ever provided.

On May 4, 2023, at 12:30 PM during the tour of the facility, an unlocked crash cart was observed to contain on 100ml bag of Sodium Chloride 0.9% with an expiration date of June 2022, and a 1000ml bag of Sodium Chloride 0.9% with an expiration date of February 2023.

During an interview at the time of the observation,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 331B	Continued from page 29 EMP3 confirmed that the two bags of fluids were expired. EMP3 was asked who was the designated person responsible for the crash cart and she stated there wasn't one. On May 4, 2023, at 12:50 PM during the tour of the facility, the unlocked clean supply room containing the unlocked medication refrigerator was observed to have a ziplock bag that contained a bag labeled Precedex 200mcg/100ml dated February 21, 2023, a predrawn syringe labeled Succhinylcholine 20ml dated February 15, 2023, and a predrawn syringe labeled Atropine 1.25ml undated. During an interview at the time of observation, EMP3 revealed she didn't know how those expired pre-drawn medications ended up in the refrigerator. Further interview with EMP3 confirmed the facility had no policy on the predrawing up of anesthesia medications. The unlocked medication refrigerator	S 331B		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 331B	Continued from page 30 also contained a box containing 9 vials of Recuronium Bromide 50ml/5ml with an expiration date of May 1, 2023. During an interview at the time of observation, EMP3 confirmed the medications were expired. When asked to provide a copy of the facility inventory or formulary of medications, EMP3 confirmed the facility doesn't maintain a formulary or an inventory of medications.	S 331B		
S 53B0		S 53B0		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 53B0	Continued from page 31 555.3 (b) Requirements Privileges granted shall reflect the results of peer review or utilization review programs, or both, specific to ambulatory surgery. This REGULATION is not met as evidenced by:	S 53B0	HOW DEFICIENCY WILL BE CORRECTED: A policy for Surgical case and Utilization review will be developed to define the data being monitored and discuss its use in monitoring quality, patient safety, and peer review for recredentialing. Current Medical staff as well as those going thorough the credentialing process will be provided with education on the policy and the inclusion of peer review data on the credentialing/recredentialing process. MEASURES TAKEN TO ENSURE PROBLEM DOES NOT RECUR: List of items for credentialing & reappointment for physicians updated to include peer review data. MONITORING OF PERFORMANCE: Facility Manager and Medical Director will review list of items necessary for credentialing and	Completion Date: 05/26/2023 Status: APPROVED Date: 06/20/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 53B0	Continued from page 32	S 53B0	reappointment at the time of initial appointment and biannually. DATE OF COMPLETION: 07/15/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 53B0	Continued from page 33 Based upon a review of credential files (CF) and staff interview (EMP), it was determined that the facility failed to include the results of peer review and/or utilization review in determination of privileges granted for nine of nine credential files reviewed (CF1, CF2, CF3, CF4, CF5, CF6, CF7, CF8, and CF9). Findings include: On May 4, 2023, A review of CF1 revealed that the practitioner had been reappointed to the facility medical staff on 03/01/2023. There was no evidence in the file that peer review and/or utilization review had been considered in the reappointment process. On May 4, 2023, A review of CF2 revealed that the practitioner had been reappointed to the facility medical staff on 03/01/2023. There was no evidence in the file that peer review and/or utilization review had been considered in the reappointment	S 53B0		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 53B0	Continued from page 34 process. On May 4, 2023, A review of CF3 revealed that the practitioner had been reappointed to the facility medical staff on 03/01/2023. There was no evidence in the file that peer review and/or utilization review had been considered in the reappointment process. On May 4, 2023, A review of CF4 revealed that the practitioner had been reappointed to the facility medical staff on 03/01/2023. There was no evidence in the file that peer review and/or utilization review had been considered in the reappointment process. On May 4, 2023, A review of CF5 revealed that the practitioner had been reappointed to the facility medical staff on 03/01/2023. There was no evidence in the file that peer review and/or utilization review had been considered in the reappointment process.	S 53B0		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 53B0	Continued from page 35 On May 4, 2023, A review of CF6 revealed that the practitioner had been reappointed to the facility medical staff on 03/01/2023. There was no evidence in the file that peer review and/or utilization review had been considered in the reappointment process. On May 4, 2023, A review of CF7 revealed that the practitioner had been reappointed to the facility medical staff on 03/01/2023. There was no evidence in the file that peer review and/or utilization review had been considered in the reappointment process. On May 4, 2023, A review of CF8 revealed that the practitioner had been reappointed to the facility medical staff on 03/01/2023. There was no evidence in the file that peer review and/or utilization review had been considered in the reappointment process.	S 53B0		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 53B0	Continued from page 36 On May 4, 2023, A review of CF9 revealed that the practitioner had been reappointed to the facility medical staff on 03/01/2023. There was no evidence in the file that peer review and/or utilization review had been considered in the reappointment process. On May 5, 2023 at 9:47am, EMP2 confirmed that neither peer review or utilization review had been presented or discussed during the reappointment process.	S 53B0		
S 53D1		S 53D1		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 53D1	Continued from page 37 555.3 (d)(1) Requirements 555.3 Requirements for membership and privileges. (d) Granting of clinical privileges shall follow established policies and procedures in the bylaws or similar rules and regulations the procedures shall provide the following. (1) Written record of the application, which includes the scope of privileges sought and granted. The delineation "clinical privileges" shall address the administration of anesthesia. This REGULATION is not met as evidenced by:	S 53D1	HOW DEFICIENCY WILL BE CORRECTED: GPS Medical Staff Bylaws, Article 4, Section "B," item #1 will be amended to include podiatry. The sentence will read, "Hold a valid license issued by the Commonwealth of Pennsylvania to practice medicine, osteopathy, podiatric medicine." The methodology for amending a bylaw, per the GPS Medical Staff Bylaws, Article 10 "Amendments," states that, "Proposed amendments to or repeals of existing Bylaws or proposed new Bylaws may be presented at any meeting of the Medical Staff or via mail ballot. The Medical Director will review the proposed amendments and advise the Medical Staff of conformity of the proposed Bylaws with federal and state laws, and with the Bylaws and Rules and Regulations of the Center. A proposed amendment will be adopted upon two-thirds affirmative vote of the Medical Staff. The	Completion Date: 05/26/2023 Status: APPROVED Date: 06/15/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 53D1	Continued from page 38	S 53D1	change will not become effective unless and until approved in writing by the Medical Director and the Governing Body. MEASURES TAKEN TO ENSURE PROBLEM DOES NOT RECUR: Annual review of the GPS Medical Staff Bylaws will ensure inclusivity of all practitioners currently operating or seeking privileges will be included. HOW PERFORMANCE WILL BE MONITORED: Facility Administrator will monitor compliance with POC during annual review of all GPS documents. DATE OF COMPLETION: 06/16/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 53D1	Continued from page 39 Based upon a review of facility documents, credential files (CF), and staff interview (EMP), it was determined that the facility failed to assure that credentialed practitioners met requirements as outlined in the Medical Staff Bylaws in 4 of 4 credential files (CF3, CF4, CF5, and CF7). Findings Included: On May 5, 2023, a review of the Bylaws of the Medical Staff of Greater Pittsburgh Surgery, LLC (Adopted March 7, 2022 and Last Approved-April 25, 2023). Section: Definitions: " 4. PHYSICIAN means an individual with an MD or DO degree who is fully licensed to practice medicine. 7. PRACTITIONER means a duly licensed physician. In certain instances, for the purpose of these Bylaws, and these Bylaws only, the term " practitioner " may also mean a CRNA, NP or a PA. ... " Article 4: Medical Staff Membership: B. Qualifications for Membership: " 1. Hold a valid license issued by the Commonwealth of	S 53D1		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 53D1	Continued from page 40 Pennsylvania to practice medicine or osteopathy, or as a CRNA, NP or PA. " On May 4, 2023, a review of CF3, revealed that medical staff privileges had been granted on 03/01/2023 to a Doctor of Podiatric Medicine (DPM); thus, not meeting the criteria for medical staff membership as outlined in Article 4, Section B(1), "Hold a valid license issued by the Commonwealth of Pennsylvania to practice medicine or osteopathy... " On May 4, 2023, a review of CF4, revealed that medical staff privileges had been granted on 03/01/2023 to a DPM; thus, not meeting the criteria for medical staff membership as outlined in Article 4, Section B(1), "Hold a valid license issued by the Commonwealth of Pennsylvania to practice medicine or osteopathy... " On May 4, 2023, a review of CF5, revealed that	S 53D1		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 53D1	Continued from page 41 medical staff privileges had been granted on 03/01/2023 to a DPM; thus, not meeting the criteria for medical staff membership as outlined in Article 4, Section B(1), "Hold a valid license issued by the Commonwealth of Pennsylvania to practice medicine or osteopathy... " On May 4, 2023, a review of CF7, revealed that medical staff privileges had been granted on 03/01/2023 to a DPM; thus, not meeting the criteria for medical staff membership as outlined in Article 4, Section B(1), "Hold a valid license issued by the Commonwealth of Pennsylvania to practice medicine or osteopathy... " On May 5, 2023, at 12:30pm, EMP2 confirmed that the Bylaws of the Medical Staff of Greater Pittsburgh Surgery, LLC did not contain language for the appointment of Doctors of Podiatric Medicine to the medical staff.	S 53D1		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 53D1	Continued from page 42	S 53D1		
S 551D		S 551D		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 551D	Continued from page 43 555.12 Medical Orders - Oral Orders § 555.12. Oral orders. Oral orders for medication or treatment shall be accepted only under urgent circumstances when it is impractical for the orders to be given in written manner by the responsible practitioner. Oral orders shall be administered in accordance with § 555.13 (relating to administration of drugs) only by personnel qualified by their professional license or certification issued by the Commonwealth and according to medical staff bylaws or rules, who shall document the orders in the proper place in the medical record of the patient. The order shall include the date, time and full signature of the person taking the order and shall be countersigned by a practitioner within 48 hours of the order. If the practitioner is not the attending physician, the practitioner shall be authorized by the attending physician and shall be knowledgeable about the patient ' s condition. Countersignatures may be received by facsimile transmission. This REGULATION is not met as evidenced by:	S 551D	HOW DEFICIENCY WILL BE CORRECTED: EMR vendor, Streamline, will be contracted to add a verbal order field. The field will include the date and time of the order, the full signature of the person taking the order, and the signature of the ordering physician. GPS nurses will be educated on the changes to the EMR. MEASURES TO ENSURE THE PROBLEM DOES NOT RECUR: Facility Manager or her designee will audit "Verbal orders" during monthly chart review. MONITORING PERFOMANCE: 100% of charts will be audited by Clinical Manager or her designee for 95% compliance over 3 consecutive months. Auditing will decrease to 6 month audits once compliance has been achieved.	Completion Date: **05/26/2023** Status: **APPROVED** Date: **06/20/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 551D	Continued from page 44	S 551D	DATE OF COMPLETION: 07/15/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 551D	Continued from page 45 Based on review of facility documents, review of medical records (MR), and interview with facility staff (EMP), it was determined that the facility failed to ensure that oral orders for medication or treatment were accepted only under urgent circumstances, and the facility failed to ensure the oral order included the date, time, and full signature of the person taking the order and that the order was countersigned by a practitioner for four of ten medical records reviewed (MR2, MR3, MR4, and MR10). Findings include: On May 5, 2023, review of facility policy "Verbal Order Policy" last dated 3/18/22, revealed " ...C. Verbal orders given orally for drugs and biologicals must be followed by a written order and signed by the prescribing staff member ...B. The authorized individual(s) receiving the verbal order confirms the order and records the medical staff members name	S 551D		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 551D	Continued from page 46	S 551D		

and order. 1. Document the date of each verbal order. 2. Document the verbal order (e.g., start IV of NSSS at 50cc/hr) 3. Document the name and title of the person who received the order 4. Document who implemented the verbal order C. Obtain the medical staff member's signature within 48hrs ...".

On May 5, 2023, review of MR2, date of service 2/3/23, revealed at 1026 Versed 1mg in 1mg/ml solution was administered. No order found.

On May 5, 2023, review of MR3, date of service 2/2/23, revealed at 1256 Versed 1mg in 1mg/ml solution was administered. No order found.

On May 5, 2023, review of MR4, date of service 2/2/23, revealed at 1332 Versed 1mg in 1mg/ml solution was administered. No order found.

On May 5, 2023, review of MR10, date of service 2/23/23, revealed at 1151 Versed 1mg in 1mg/ml

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 551D	Continued from page 47 solution was administered. No order found. On May 4, 2023, at 1:04pm, EMP2, when asked about documentation of verbal orders, stated that staff do not document verbal orders. Nurses document what is given and done, and the physician signs off on the nurse's note. On May 5, 2023, at 11:30am, EMP3 confirmed the above findings. EMP3 also confirmed that these medications are prepared from a verbal order from the physician.	S 551D		
S 554A		S 554A		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 554A	Continued from page 48 555.24 (a) Surgical Services - Postoperative Care 555.24 Postoperative Care (a) The findings and techniques of an operation shall be accurately and completely written or dictated immediately after procedure by the practitioner medical staff member who performed the operation. If a physician assistant or certified registered nurse practitioner performed part of the operation, the findings and techniques of the procedure shall be accurately and completely recorded and the report shall be countersigned by the medical staff member. This description shall become a part of the patient's medical record. This REGULATION is not met as evidenced by:	S 554A	HOW DEFICIENCY WILL BE CORRECTED: A policy on Medical Record documentation will be developed. All GPS staff will be educated on the policy Streamline will add the field, "Estimated blood loss" and make it a hard stop to ensure documentation of this parameter. MEASURES TAKEN TO ENSURE PROBELEM DOES NOT RECUR & HOW PERFORMANCE IS TO BE MONITORED: 100% of all charts will be audited by Clinical Manager looking for accuracy of the operative note as compared with other documentation in the EMR. EBL field will be audited to ensure hard stop is functioning and there is documentation in this field. The goal is 100% compliance for 3 consecutive months beginning 07/01/2023. Once this is achieved	Completion Date: **05/26/2023** Status: **APPROVED** Date: **06/20/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 554A	Continued from page 49	S 554A	auditing will decrease to every 6 months. DATE OF COMPLETION: 07/15/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 554A	Continued from page 50 Based on review of facility documents and medical records (MR), and interview with facility staff (EMP), it was determined that the facility failed to ensure the findings and techniques of the operation were accurately written after the procedure by the practitioner who performed the operation for five of ten medical records reviewed (MR1, MR4, MR5, MR6, and MR10). Findings include: On May 5, 2023, a policy regarding accuracy of medical record documentation, specifically pertaining to procedure and operative notes was requested. None was able to be provided. On May 4, 2023, review of MR1, date of service 2/23/23, revealed there was no medication documented as given during procedure by the staff. The Procedure Note by the practitioner revealed " ...Sedation: Moderate Sedation was administered	S 554A		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 554A	Continued from page 51 using Versed and Fentanyl ...". On May 5, 2023, review of MR4, date of service 2/2/23, revealed there was no estimated blood loss amount documented in the procedure note completed by the practitioner. On May 5, 2023, review of MR5, date of service 2/3/23, revealed there was no estimated blood loss amount documented in the procedure note completed by the practitioner. On May 5, 2023, review of MR6, date of service 2/9/23, revealed there was no medication documented as given during procedure by the staff. The Procedure Note by the practitioner revealed "...Sedation: Moderate Sedation was administered using Versed and Fentanyl ... " . The procedure note also failed to include the estimated blood loss amount. On May 5, 2023, review of MR10, date of service	S 554A		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 554A	Continued from page 52 2/23/23, revealed there was no estimated blood loss amount documented in the procedure note completed by the practitioner. On May 5, 2023, at 11:30am, EMP3 confirmed the above findings.	S 554A		
S 554G		S 554G		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 554G	Continued from page 53 555.24 (g) Surgical Services - Postoperative 555.24 Post Operative Care (g) Patients shall be discharged only upon the written signed order of a practitioner. This REGULATION is not met as evidenced by:	S 554G	HOW DEFICIENCY WILL BE CORRECTED: Education on the rationale and process of obtaining a discharge order before discharging patient will be provided to GPS Nursing staff & procedural practitioners in the form of a read and sign. An email notification informing the appropriate staff of the education will be sent on 6/5/2023. The deadline for the completion of the education will be 06/16/2023. MEASURES TO ENSURE PROBLEM DOES NOT RECUR & MONITORING OF PERFORMANCE: 100% of all charts will be audited by Clinical Manager to monitor compliance with discharge orders completed and signed by practitioner before the patient is discharged from facility. Noncompliance will be discussed with the individual nurse who discharged the patient. The goal is 100% compliance for 3 consecutive	Completion Date: **05/26/2023** Status: **APPROVED** Date: **06/20/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 554G	Continued from page 54	S 554G	months. Once this is achieved auditing will decrease to every 6 months. Auditing will begin 07/01/2023 DATE OF COMPLETION: 07/15/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 554G	Continued from page 55 Based on review of facility documents, review of medical records (MR), and interview with facility staff (EMP), it was determined that the facility failed to ensure patients were discharged only on the written signed order of a practitioner for six of ten medical records (MR1, MR5, MR6, MR7, MR8, and MR9). Findings include: On May 5, 2023, facility policy titled "Standing Post-Operative Orders Policy" last dated 3/18/22, revealed "...C ...A written and timed order must be done prior to discharge ... " . On May 4, 2023, review of MR1, date of service 2/23/23, revealed that the patient was discharged at 1310. Review of order sheet revealed discharge order by physician was not signed until 2/23/23 at 1351.	S 554G		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 554G	Continued from page 56 On May 5, 2023, review of MR5, date of service 2/3/23, revealed that the patient was discharged at 0945. Review of the order sheet revealed the discharge order by the physician was not signed until 2/3/23 at 1122. On May 5, 2023, review of MR6, date of service 2/9/23, revealed that the patient was discharged at 1236. Review of the order sheet revealed the discharge order by the physician was not signed until 2/9/23 at 1400. On May 5, 2023, review of MR7, date of service 2/23/23, revealed that the patient was discharged at 1110. Review of the order sheet revealed the discharge order by the physician was not signed until 2/23/23 at 1403. On May 5, 2023, review of MR8, date of service 2/23/23, revealed that the patient was discharged at 1203. Review of the order sheet revealed the discharge order by the physician was not signed until	S 554G		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 554G	Continued from page 57 2/23/23 at 1404. On May 5, 2023, review of MR9, date of service 2/23/23, revealed that the patient was discharged at 1010. Review of the order sheet revealed there was no order for discharge. On May 4, 2023, at 1:20pm, EMP2 confirmed the above findings for MR1. On May 5, 2023, at 11:30am, EMP3 confirmed the above findings for MR5, MR6, MR7, MR8, and MR9.	S 554G		
S 5559		S 5559		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 5559	Continued from page 58 555.33 (d)(1) Anesthesia Policies and Procedures 555.33 Anesthesia policies and procedures (d) Anesthesia procedures shall provide at least the following: (1) A patient requiring anesthesia shall have a pre-anesthesia evaluation by a practitioner, with appropriate documentation of pertinent information regarding the choice of anesthesia. This REGULATION is not met as evidenced by:	S 5559	HOW DEFICIENCY WILL BE CORRECTED & HOW THE FACILITY WILL ACT TO PROTECT PATIENTS IN SIMILAR SITUATIONS: GPS policy CM3-004 "Anesthesia Pre-op Post-op Evaluation" will be amended to include evaluation by a practitioner is needed in addition to the evaluation by a CRNA. MEASURES TO ENSURE PROBLEM DOES NOT RECUR: Education to all GPS staff on the policy will be done and completed by 07/15/2023. MONITORING OF PERFORMANCE TO ENSURE SOLUTIONS ARE SUSTAINED: 100% of charts will be audited monthly by the Clinical Manager or her designee for 100% compliance for 3 consecutive months. Once compliance is achieved the auditing will decrease to every 6 months.	Completion Date: **05/25/2023** Status: **APPROVED** Date: **06/21/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 5559	Continued from page 59	S 5559	Date of Completion: 07/15/2023.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 5559	Continued from page 60 Based on review of facility materials, review of medical records (MR), and interview with facility staff (EMP), it was determined that the facility failed to ensure that the patient requiring anesthesia did not receive a pre-anesthesia evaluation by a practitioner for four of ten medical records reviewed (MR5, MR7, MR8, and MR9). Findings include: On May 5, 2023, review of facility policy "Anesthesia Pre-Operative/Post-Operative Evaluation" last dated 3/18/22, revealed "..A. Patients scheduled at the facility for general, IV sedation, regional, or local standby procedures are interviewed or reviewed by the CRNA prior to the surgical procedure ...". On May 5, 2023, review of MR5, date of service 2/3/23, revealed that the pre-anesthesia evaluation was not completed by a practitioner. On May 5, 2023, review of MR7, date of service 2/23/23, revealed that the pre-anesthesia evaluation was not completed by a practitioner.	S 5559		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 5559	Continued from page 61 On May 5, 2023, review of MR8, date of service 2/23/23, revealed that the pre-anesthesia evaluation was not completed by a practitioner. On May 5, 2023, review of MR9, date of service 2/23/23, revealed that the pre-anesthesia evaluation was not completed by a practitioner. On May 5, 2023, at 11:30am, EMP3 confirmed the above findings.	S 5559		
S 5950		S 5950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 5950	Continued from page 62 559.5 Staffing Schedules 559.5 Nursing Notes Nursing notes shall be pertinent, accurate and concise so that they contribute to the continuity of patient care. Nursing records and reports shall become part of the patient's medical record. This REGULATION is not met as evidenced by:	S 5950	HOW DEFICIENCY WILL BE CORRECTED: EMR vendor, Streamline, will add signature lines for each of the following sections: Pre-Procedure, Intra-Procedure, and Post-Procedure Nursing notes, to indicate which nurse is documenting the care provided. This signature will be electronically date and time stamped. These will be hard stops preventing documentation in the subsequent areas until a date, time, and signature are filled in in the previous section. gPS nurses will be educated on the changes to the EMR. MEASURES TO ENSURE PROBLEM DOES NOT RECUR & MONITORING OF PERFORMANCE: 100% of all charts will be audited by Clinical Manager to verify that the hard stops are functioning properly and a date, time, and signature are present for the Pre-procedure, Inta-procedure, and post-procedure sections. The goal is 100%	Completion Date: **05/26/2023** Status: **APPROVED** Date: **06/20/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 5950	Continued from page 63	S 5950	compliance for 3 consecutive months. Once this is achieved auditing will decrease to every 6 months. Auditing will begin 07/01/2023. DATE OF COMPLETION: 06/16/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 5950	Continued from page 64 Based on review of facility documents and medical records (MR), and interview with facility staff (EMP), it was determined that the facility failed to ensure nursing notes were accurate for ten of ten medical records (MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9, and MR10). Findings include: On May 5, 2023, review of facility policy "Procedure Records Documentation Policy" last dated 3/18/22, revealed "...2. Each entry is timed, signed and/or initialed". On May 4, 2023, review of MR1, date of service 2/23/23, revealed on 2/23/23 at 0926 that the Nursing Procedure Documentation had the same date and service time for all sections under it, including Pre-Procedure Nursing Documentation, Intra-Procedure Nursing Documentation, and Post-Procedure Nursing Documentation. Unknown	S 5950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 5950	Continued from page 65	S 5950		

when each section was completed and by whom. Signature at the end of document was of the practitioner.

On May 4, 2023, review of MR2, date of service 2/3/23, revealed on 2/3/23 at 0919 that the Nursing Procedure Documentation had the same date and service time for all sections under it, including Pre-Procedure Nursing Documentation, Intra-Procedure Nursing Documentation, and Post-Procedure Nursing Documentation. Unknown when each section was completed and by whom. Signature at the end of document was of the practitioner.

On May 4, 2023, review of MR3, date of service 2/2/23, revealed on 2/2/23 at 0849 that the Nursing Procedure Documentation had the same date and service time for all sections under it, including Pre-Procedure Nursing Documentation, Intra-Procedure Nursing Documentation, and Post-Procedure Nursing Documentation. Unknown

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 5950	Continued from page 66 when each section was completed and by whom. Signature at the end of document was of the practitioner. On May 5, 2023, review of MR4, date of service 2/2/23, revealed on 2/2/23 at 1109 that the Nursing Procedure Documentation had the same date and service time for all sections under it, including Pre-Procedure Nursing Documentation, Intra-Procedure Nursing Documentation, and Post-Procedure Nursing Documentation. Unknown when each section was completed and by whom. Signature at the end of document was of the practitioner. On May 5, 2023, review of MR5, date of service 2/3/23, revealed on 2/3/23 at 1122 that the Nursing Procedure Documentation had the same date and service time for all sections under it, including Pre-Procedure Nursing Documentation, Intra-Procedure Nursing Documentation, and Post-Procedure Nursing Documentation. Unknown	S 5950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 5950	Continued from page 67 when each section was completed and by whom. Signature at the end of document was of the practitioner. On May 5, 2023, review of MR6, date of service 2/9/23, revealed on 2/9/23 at 1047 that the Nursing Procedure Documentation had the same date and service time for all sections under it, including Pre-Procedure Nursing Documentation, Intra-Procedure Nursing Documentation, and Post-Procedure Nursing Documentation. Unknown when each section was completed and by whom. Signature at the end of document was of the practitioner. On May 5, 2023, review of MR7, date of service 2/23/23, revealed on 2/23/23 at 0758 that the Nursing Procedure Documentation had the same date and service time for all sections under it, including Pre-Procedure Nursing Documentation, Intra-Procedure Nursing Documentation, and Post-Procedure Nursing Documentation. Unknown	S 5950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 5950	Continued from page 68 when each section was completed and by whom. Signature at the end of document was of the practitioner. On May 5, 2023, review of MR8, date of service 2/23/23, revealed on 2/23/23 at 0926 that the Nursing Procedure Documentation had the same date and service time for all sections under it, including Pre-Procedure Nursing Documentation, Intra-Procedure Nursing Documentation, and Post-Procedure Nursing Documentation. Unknown when each section was completed and by whom. Signature at the end of document was of the practitioner. On May 5, 2023, review of MR9, date of service 2/23/23, revealed on 2/23/23 at 0632 that the Nursing Procedure Documentation had the same date and service time for all sections under it, including Pre-Procedure Nursing Documentation, Intra-Procedure Nursing Documentation, and Post-Procedure Nursing Documentation. Unknown	S 5950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 5950	Continued from page 69 when each section was completed and by whom. Signature at the end of document was of the practitioner. On May 5, 2023, review of MR10, date of service 2/23/23, revealed on 2/23/23 at 1105 that the Nursing Procedure Documentation had the same date and service time for all sections under it, including Pre-Procedure Nursing Documentation, Intra-Procedure Nursing Documentation, and Post-Procedure Nursing Documentation. Unknown when each section was completed and by whom. Signature at the end of document was of the practitioner. On May 4, 2023, at 1:20pm, EMP2 confirmed the above findings for MR1, MR2, and MR3. On May 5, 2023, at 11:30am, EMP3 confirmed the above findings for MR4, MR5, MR6, MR7, MR8, MR9, and MR10.	S 5950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6123		S 6123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6123	Continued from page 71 561.2 (c) Pharmaceutical Service 561.2 Pharmaceutical Service (c) Contracted pharmaceutical services shall be provided in accordance with the same ethical and professional practices and legal requirements that would be required if these services are provided directly by the organization. This REGULATION is not met as evidenced by:	S 6123	HOW DEFICIENCY WILL BE CORRECTED: A written contract from vendor supplying pharmaceutical services will be obtained by July 15, 2023 and kept in Contracted Services binder. Procurement of medications is the only service the vendor provides. The professional, organizational and administrative responsibility for the quality of services rendered are provided directly by the organization and supervised by the Medical Director. MEASURES TO ENSURE PROBLEM DOES NOT RECUR & MONITORING OF PERFORMANCE: Contracted services binder will be reviewed annually by Governing Board to verify compliance, accuracy, and completeness of services provided. A Monthly inventory of all medications including the name of the drug, quantity in stock, and expiration dates will be verified by the Medical	Completion Date: **05/26/2023** Status: **APPROVED** Date: **07/06/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6123	Continued from page 72	S 6123	Director. DATE OF COMPLETION: 07/15/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6123	Continued from page 73 Based on review of facility documents and interview with facility staff (EMP1), it was determined that the facility failed to ensure that contracted pharmaceutical services were provided in accordance with the same ethical and professional practices and legal requirements that would be required if these services were directly provided by the organization. Findings include: On May 4, 2023, a list of contracted services was requested. On May 5, 2023, review of the facility contracts, revealed that there is no written contract for the facility for the pharmaceutical services that are provided through an outside source. During an interview on May 5, 2023, at 11:00am, EMP1 confirmed that the facility did not have a contract regarding pharmaceutical services.	S 6123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6123	Continued from page 74	S 6123		
S 6124		S 6124		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6124	Continued from page 75 561.11 Pharmaceutical Facilities - Principle 561.11 Principle The ASF shall provide equipment and supplies for the pharmaceutical service to implement its professional and administrative functions and to ensure patient safety through the proper storage and dispensing of drugs. Facilities shall be provided for the storage, safeguarding, preparation, and dispensing of drugs. This REGULATION is not met as evidenced by:	S 6124	Prescription pads - GPS policy CM2-017 Prescription Pad Security will be amended to include, 1. Each prescription will be numbered and a log created listing the date, patient name, and medication that was prescribed. 2.The prescription pad log will be checked daily during the days of operation by the person who does the crash cart check. Crash cart - a plastic tamperproof seal locking the crash cart has been placed. During the inspection of the crash cart that occurs daily during days of operation, if the seal is broken a complete inspection of the cart and an inventory of medications and supplies will be completed. Daily checks of the crash cart include the defibrillator, O2, and suction equipment. An inventory list of medications and supplies with dates of expiration has been created. The first operating day of every month the person responsible for the daily crash cart check will examine the list and if any medications/supplies are due to expire within the month the crash	Completion Date: 05/26/2023 Status: APPROVED Date: 07/06/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6124	Continued from page 76	S 6124	cart will be opened and the item(s) removed and replaced and the expiration date updated on the list and a new tamperproof seal placed. Unlocked medication refrigerator - A locksmith has been contracted to place a lock on the medication refrigerator in the clean supply room. The key for the refrigerator will be kept by the DON or her designee in her absence. Formulary of medications - A list of all medications with dates of expiration has been created. This list will be reviewed monthly on the first operating day of the month by the Facility Administrator and medications that are due to expire within the next month will be reordered and replaced. Pre-drawn medications - GPS policy CM2-013, Multiple Use Drug Vials, has been amended to state that "medications stored in syringes or any other containers other than the manufacture's vials are not approved and will be discarded immediately upon discovery." Education to all GPS staff (employed,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6124	Continued from page 77	S 6124	independent physicians, and contracted anesthesia) on the policies and processes will be completed by 07/15/2023. Education will be done as small group inservices with the staff signing an attendance roster or read and sign emails for those not able to attend by 07/15/2023. MEASURES TO ENSURE PROBLEM DOES NOT RECUR: Weekly auditing by the DON of the Crash cart log, the prescritption pad log, examination of the medication refrigerator for any evidence of pre-drawn medications, and the inventory list of medications will begin on 06/20/2023 and continue for 3 months. The Medication refrigerator will also be inspected weekly by the DON to monitor if it is locked. These audits will continue until 100% compliance has been reached. Education to all GPS staff (employed staff, physicians, and contracted anesthesia) on these policies and procedures will be done	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6124	Continued from page 78	S 6124	through small group sessions and/or read and sign education for those not able to be at GPS before the deadline of 07/15/2023. Proof of education of staff will be through a signed attendance roster or email stating the education was read. MONITORING OF PERFORMANCE: auditing will continue until 100% for 3 months is reached. Once this occurs monitoring will be decreased to every 6 months. The DON will be ultimately responsible for the POC. DATE OF COMPLETION: 07/15/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6124	Continued from page 79 Based on observations, review of facility documentation, and staff interview (EMP), it was determined the facility failed to ensure pharmaceuticals were secured, stored, and maintained according to professional standards. Findings include: On May 5, 2023, a review of the facility policy titled, "Prescription Pad Security Policy," review date of January 20, 2023, revealed, "Procedure:...C. Any missing prescription pads/forms must be immediately reported to the Medical Director and an occurrence report filed. An investigation is performed." On May 5, 2023, a policy on the securing of medications was requested, none was provided.	S 6124		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6124	Continued from page 80 On May 5, 2023, a review of the policy, "Crash Cart and Emergency Equipment Policy," date reviewed January 20, 2023, revealed, "I. Policy: The crash carts containing emergency medications will be locked by a tamper proof seal and a list of the drugs contained therein along with their expiration dates will be posted on the outside of the cart. II. Procedure: A. The crash cart will be locked at all times when the procedure room is not in use. B. A list of the drugs/supplies contained in each cart (that meets or exceeds State and/or Accrediting Body guidelines) along with their expiration dates will be posted on the outside of each cart. ..... II. Procedure:... B. A list of the drugs/supplies contained in each cart (that meets or exceeds State and/or Accrediting Body guidelines) along with their expiration dates will be posted on the outside of each cart. C. A designated person will check this list for expiration dates and sign the list at the completion of the check once a month. D. A designated person upon removing the expiring medications will restock the cart, change the expiration date on the outside of the cart, place a	S 6124		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6124	Continued from page 81 tamper proof seal on the cart and sign the drug list that the cart has been cracked. E. In the event that a crash cart has been used, or the lock has been broken or found open, a designated person will perform a complete inspection of the cart..." On May 4, 2023, at 12:40PM, four prescription pads with four different physician's names on them were observed to be locked in a cabinet in the unlocked clean supply room. When the surveyor asked to see the count sheet for the pads, EMP3 stated a count sheet was not kept for the prescription pads. On May 4, 2023, at 12:40 PM the surveyor asked EMP3 how the facility would know if there were prescription sheets missing from the tablets and EMP3 confirmed they wouldn't know, "we don't keep track."	S 6124		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6124	Continued from page 82 On May 4, 2023, at 12:40 PM the surveyor asked EMP3 how the facility would know if there were prescription sheets missing from the tablets and EMP3 confirmed they wouldn't know, "we don't keep track." On May 4, 2023, at 12:50 PM, observations in the unlocked clean supply room revealed an unlocked medication refrigerator that contained medications including precedex, succinylcholine, atropine, recuronium bromide, and thrombin. During an interview on May 4, 2023, at 12:50 PM, EMP3 confirmed that both the room as well as the refrigerator containing the above medications was not locked. On May 4, 2023, at 12:30 PM, the crash cart was observed to be unlocked with drawers not totally closed in the PACU area with the key in the lock.	S 6124		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6124	Continued from page 83 The cart also lacked a drug inventory list. During an interview on May 4, 2023, at 12:30 PM, EMP3 confirmed that the facility keeps the crash cart unlocked and "we keep the key in the lock," in case we need to use the cart in an emergency. Further interview confirmed that the facility does not keep an inventory list of emergency medications on the cart. A list of these medications was requested of the facility, none was ever provided. On May 4, 2023, at 12:30 PM during the tour of the facility, an unlocked crash cart was observed to contain on 100ml bag of Sodium Chloride 0.9% with an expiration date of June 2022, and a 1000ml bag of Sodium Chloride 0.9% with an expiration date of February 2023. During an interview at the time of the observation, EMP3 confirmed that the two bags of fluids were	S 6124		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6124	Continued from page 84 expired. EMP3 was asked who was the designated person responsible for the crash cart and she stated there wasn't one. On May 4, 2023, at 12:50 PM during the tour of the facility, the unlocked clean supply room containing the unlocked medication refrigerator was observed to have a ziplock bag that contained a bag labeled Precedex 200mcg/100ml dated February 21, 2023, a predrawn syringe labeled Succhinylcholine 20ml dated February 15, 2023, and a predrawn syringe labeled Atropine 1.25ml undated. During an interview at the time of observation, EMP3 revealed she didn't know how those expired pre-drawn medications ended up in the refrigerator. Further interview with EMP3 confirmed the facility had no policy on the predrawing up of anesthesia medications. The unlocked medication refrigerator also contained a box containing 9 vials of	S 6124		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: 24911501	1675 STATE RT 51 JEFFERSON HILLS, PA 15025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6124	Continued from page 85 Recuronium Bromide 50ml/5ml with an expiration date of May 1, 2023. During an interview at the time of observation, EMP3 confirmed the medications were expired. When asked to provide a copy of the facility inventory or formulary of medications, EMP3 confirmed the facility doesn't maintain a formulary or an inventory of medications.	S 6124		
S 6747		S 6747		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6747	Continued from page 86 567.43 Ventilation System The ventilation system shall be inspected and maintained in accordance with the written maintenance schedule to ensure that a properly conditioned air supply meeting minimum filtration, humidity and temperature requirements is provided in critical areas such as the surgical and recovery suites under Chapter 571 (relating to construction standards). This REGULATION is not met as evidenced by:	S 6747	HOW DEFICIENCY WILL BE CORRECTED: A policy for monitoring temperatures in the PACU, Clean Utility Room, and ORs was created. The policy includes the desired emperature range per FGI guidelines, the process for daily monitoring of the temperatures, and the process for what to do if the temperature(s) are out of the normal range. MEASURESN TAKEN TO ENSURE PROBLEM DOES NOT RECUR: A log was created with the policy to document daily during days of operation the temperatures of the areas. The log also includes the process for who to notify and what to do if the temperatures are outside of the normal range. Education in the form of a read and sign will be provided to GPS nurses and techs on the process for temperature monitoring and what to do if the temperature is out of range.	Completion Date: **05/26/2023** Status: **APPROVED** Date: **06/20/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6747	Continued from page 87	S 6747	MONITORING OF PERFORMANCE: Clinical Manager or her designee will conduct 2 random log audits per month to check for compliance with documentation of temperatures and adherence to the process if temperatures are outside the normal range. The goal would be 100% compliance with the monitoring process. Once this is achieved the auditing will decrease to every 6 months. DATE OF COMPLETION: 07/15/2023.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6747	Continued from page 88 Based on review of facility documents and interview with facility staff (EMP), it was determined that the facility failed to ensure proper temperature requirements were provided in recovery suites. Findings include: On May 4, 2023, review of "Guidelines for Design and Construction of Outpatient Facilities "dated 2018, revealed" ...SURGERY AND CRITICAL CARE ...Recovery room ...Design Temperature 70-75 degrees Fahrenheit ...". On May 4, 2023, facility policies for temperature and temperature monitoring of recovery area were requested, none were provided. On May 4, 2023, review of Post Anesthesia Care Unit temperate logs revealed 1/6/23 69.5 degrees Fahrenheit, no follow up action, 1/12/23 69.3 degrees Fahrenheit, no follow up action, 1/19/23	S 6747		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6747	Continued from page 89 69.4 degrees Fahrenheit, no follow up action, 2/2/23 no temperature or humidity documented, 2/3/23 69.4 degrees Fahrenheit, no follow up action, and 2/9/23 69.2 degrees Fahrenheit, no follow up action. On May 4, 2023, at 12:45pm, EMP2 confirmed the above findings.	S 6747		
S 6916		S 6916		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6916	Continued from page 90 569.32 Fire Inspection 569.32 Fire Inspection The ASF shall request an annual inspection by its local fire department. This REGULATION is not met as evidenced by:	S 6916	HOW DEFICIENCY WILL BE CORRECTED: Jefferson Hills Fire Department came on 5/14/2023 and conducted a safety check of the electrical panels and oxygen shutoff. They also participated in a fire drill and evacuation of patients. They also requested a key for GPS to be placed in the building lockbox as they already have one for other tenants. MEASURE TO ENSURE PROBLEM DOES NOT RECUR: To ensure compliance with PA code 569.32, a spreadsheet was created listing all annual requirements, dates to be completed, and the DOH regulation for reference. This spreadsheet will be posted in the offices of the Facility Manager and DON and electronically on the desktop of the Facility Administrator. Calendar reminders will also be created and sent electronically to the DON, Facility Manager, and Facility Administrator	Completion Date: **05/25/2023** Status: **APPROVED** Date: **05/31/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6916	Continued from page 91	S 6916	3 months prior to the deadline daily. MONITORING OF PERFORMANCE: A column to document the completion date for each of the annual requirments will be included on the speadsheet so that timeliness of completion can be monitored by the Facility Manager and/or DON. Date of Completion: 05/25/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51** **JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6916	Continued from page 92 Based on a review of facility documents and staff interview (EMP), it was determine the facility failed to request an annual inspection by its local fire department. Findings include: On May 4, 2023, a review of the facility fire binder revealed the last request to the local fire department was dated February 15, 2022, and they came to the facility on February 21, 2022. A request for the policy on notification to the local fire department was made, none was provided. During an interview on May 4, 2023, at 9:25 AM, EMP2 confirmed the facility hasn't requested an inspection from the local fire department as yet, and stated, "We are behind on that."	S 6916		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001369	A. BLDG: __00_____ B. WING: _____	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GREATER PITTSBURGH SURGERY LLC STATE LICENSE NUMBER: **24911501**	**1675 STATE RT 51 JEFFERSON HILLS, PA 15025**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
S 6916	Continued from page 93	S 6916		

Certified End Page

GREATER PITTSBURGH SURGERY LLC

STATE LICENSE NUMBER: 24911501

SURVEY EXIT DATE: 05/05/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY